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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kashef, et al.

Attorney Docket No.: VISAP018/P10

Application No.: 09/369,502

Examiner: Ahshik Kim

Filed: August 5, 1999

Group: 2876

Title: TERMINAL SOFTWARE
ARCHITECTURE FOR USE WITH SMART
CARDS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on December 26, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: Deborah Neill

Deborah Neill

NOTICE OF APPEAL

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed September 25, 2003 finally rejecting Claims 1-34 and 36.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$165.00 (Small Entity) ☒ \$330.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

01/02/2004 CNGUYEN 00000083 500388 09369502

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	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$110.00	\$ 55.00
<input type="checkbox"/>	two	\$420.00	\$210.00
<input type="checkbox"/>	three	\$950.00	\$475.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

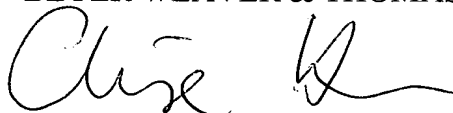
Total Fee Due

Notice of Appeal Fee	\$330
Extension Fee (if any)	\$
Total Fee Due	\$330

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. VISAP018).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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